

Z 364 576 758

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to	
By <u>Reang-Meth</u>	
Street & Number	
<u>13601 Teakwood Ln.</u>	
Post Office, State, & ZIP Code	
<u>Germanstown MD 20874</u>	
Postage	\$ <u>1.06</u>
Certified Fee	<u>2.30</u>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<u>1.75</u>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <u>5.11</u>
Postmark or Date	
<u>2/4/03</u>	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

By Reang-Meth
13601 Teakwood Ln.
Germanstown MD 20874

4a. Article Number2364576758**4b. Service Type**

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery2/7**5. Received By: (Print Name)**Dianne Reang-Meth**6. Signature: (Addressee or Agent)**Dianne Reang-Meth**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

